

**ATTACHMENT 7**  
**PROGRAM: RENTAL ACQUISITION WITHOUT REHABILITATION**

Name of Applicant: \_\_\_\_\_

**SECTION I. PRIOR EXPERIENCE WITH RENTAL ACQUISITION WITHOUT REHABILITATION PROGRAM**

Prior experience of applicant, city/county administering a CHDO applicant's program **or** administrative subcontractor in implementing all administrative components of a rental acquisition (with or without rehabilitation) program within the last 5 years. Fill in the table with any funding source for these activities and indicate the number of units **completed** for the years indicated.

Indicate the name of the entity for which the table below includes information (List only one entity):

Applicant: \_\_\_\_\_

City/County administering  
a CHDO's program: \_\_\_\_\_

Administrative subcontractor: \_\_\_\_\_

Year Program Administered and Units Completed					
Funding Source (Name of Program)	Number of Completed Units				
	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>

**SECTION II. DEMONSTRATED COMMUNITY NEED AND DEMONSTRATED MARKET** (Housing element must be in substantive compliance in order to receive points)

	Page Number(s)
Rental acquisition is identified as a need in housing element of jurisdiction where program is located	

Submit copy of page(s) as Attachment 7.A.

### SECTION III. EXTENT TO WHICH THE PROGRAM IS READY TO BE IMPLEMENTED

- A. Attach Rental Acquisition program guidelines and/or operating procedures as Attachment 7.B. Indicate below where the following items are found, highlight those provisions in the guidelines or procedures, and write the number of the item addressed in the margin. NOTE: The Department will not be responsible for locating items which are not properly identified.

Provision in Guidelines		Page Number(s)
1.	Description of how number of HOME-assisted units in each project will be determined as well as which will have high and low HOME rents	
2.	High and low HOME rents by bedroom size	
3.	Tenant income eligibility levels by household size a. 90% of units at 60% of area median income or below at initial occupancy; and b. If more than 5 units, 20% of units at 50% of area median or below for period of affordability.	
4.	Maximum amount of HOME assistance per unit	
5.	Required term(s) of affordability	
6.	Description of method of determining cost reasonableness	
7.	Description of method of determining amount of HOME assistance provided to a project including owner's return on investment	
8.	Description of property standards which must be met	
9.	Description of city's or county's affirmative marketing requirements (N/A for CHDOs since they must follow State's requirements)	
10.	Description of how relocation will be handled	
11.	Either a statement that properties constructed prior to 1978 will not be eligible for assistance <b>or</b> lead-based paint requirements for properties constructed prior to 1978 will be addressed prior to purchase. These requirements include: a. Requirement that lead-based paint notification be given to tenants; b. Requirement that properties be inspected for defective paint surfaces; and c. If defective paint surfaces are found, requirement that they will be properly abated.	
12.	Description of type of HOME assistance to be provided (i.e., types of loans, interest rate, term, etc.) If grants, special justification is provided	
13.	Description of how properties will be selected	
14.	Description of how you will screen property owners for capability to acquire and manage a HOME project	
15.	Description of how tenant households will be selected	
16.	Description of inspection procedures and persons responsible for performing them	
17.	Process for determining initial and ensuring long-term compliance with income, rent, and local code requirements	

B. Identify required match of 25 percent

1. Provide the calculation of required match:

HOME project costs: \$\_\_\_\_\_ x .25 = \$\_\_\_\_\_

2. Source(s) of Match	Value
TOTAL MATCH	

**SECTION IV. LEVERAGE** Only **activity** (not administration) funds should be included. In order to be counted, documentation must be provided as Attachment 7.C. Documentation requirements are as follows:

Source of Leverage	Documentation of Leverage
Public funds	Commitment letter or resolution from the funding source stating the amount and allowable use of the funds.
Private funds	Letter of interest from private funding source stating the amount and proposed use of the funds.

Source of Leverage	Amount	Documentation Attached (Yes/No)
TOTAL LEVERAGE		